

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HPD	75331	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DW	72344	5-8-16-00 9-20-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1 ✓	10/13/15
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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